costs were € 56,77 and € 39,18 correspondingly. "The cost-efficiency" analysis demonstrated that CER in main group was € 67,58 and CER in control group was € 72,56. **CONCLUSIONS:** The "cost-efficiency" analysis demonstrated that administration of tiazotic acid morpholinium salt in combination with standard therapy is more effective and less expensive in ACS patients. The obtained results allow to optimize treatment expenditures for a state, insurance companies and patients.

PCV71

RESOURCE UTILISATION AND COSTS IN PATIENTS WITH POST-STROKE SPASTICITY IN THE UNITED KINGDOM

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OBJECTIVES: About two-thirds of stroke survivors develop post-stroke sequelae, including spasticity. The burden of post-stroke spasticity (PSS) is high in terms of treatment costs and the effects of comorbidities. Our objective was to describe the burden of PSS in terms of healthcare resource utilization and costs, and quantify the difference between patients who develop PSS and those who do not. **METHODS:** This retrospective study used the THIN database. Adult patients with a stroke between 1Jan2007 and 31Dec2012 were included. PSS diagnoses were found to be under-represented; machine learning methodology was applied to identify potentially undiagnosed PSS. Cases were defined as patients with diagnosed or predicted PSS in the 12 months after stroke; for patients without PSS, each stroke acted as a control event. PSS cases were matched to controls on age, gender, prior strokes, socioeconomic status, and comorbidities, using the nearest neighbour algorithm. Direct healthcare resources, including primary care visits, all-cause hospitalisations, and specialist referrals during the year post-stroke, were costed out at 2014 GBP rates, using public sources. **RESULTS:** Of the 3,082 PSS cases and 28,753 controls, 56% were female and 49% were 75 years or older. During the first year, 33% of the PSS cases were hospitalised, compared to 9% of the controls. Specialist referrals were recorded for 76% of PSS patients and 64% of controls. Primary care utilisation was similar for both groups. Total average costs per patient were £1,270 (SD: 772) for cases and £631 (SD: 496) for controls. After adjusting for other covariates, a significant increase in cost for the PSS patients was found; on average £635 in the 12 months post-stroke. **CONCLUSIONS:** The costs for patients who develop PSS after stroke are twice as high as those for patients who do not develop spasticity, with the major driver being the number of hospitalisations.

PCV72

INCREASED COSTS DUE TO MYOCARDIAL INFARCTION (MI) IN FRANCE: AN OBSERVATIONAL ANALYSIS USING A CLAIMS DATABASE

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OBJECTIVES: Estimate the incremental annual cost after a myocardial infarction (MI) **METHODS:** A French representative cohort of patients who had a MI in France between 2007 and 2011 was extracted from a claim database of 600,000 patients. Costs were calculated from a community perspective, restricted to direct costs and from a health insurance scheme perspective. This analysis was performed on subjects still alive one year after MI **RESULTS:** A total of 1,920 subjects were identified with an index MI: 2/3 were males, mean age=67.2 y, 20.6% had diabetes, 37.6% hypercholesterolemia and 82.4% hypertension. Among the 1,920 subjects, 346 died in the first year and 3 were lost to follow-up: the cost was performed on 1,571 patients. The annual cost from a health insurance scheme perspective approximately tripled as it increased from €3,940 to €11,914 after a MI: Hospital cost increased from €1,616 before the index MI to €6,470 after hospitalization (the cost of the index hospitalization is excluded from the cost); Average community-based care costs increased from €2,323 before the index MI to €5,443 after: Travel costs increased from 127€ to 573€; Fees related to physician consultations increased from 589€ to 1,676€ (annual mean number consultations with a general practitioner and a specialist increased from 7.6 to 10.9 and from 5.4 to 10 respectively); Fees related to laboratory tests increased from 139€ to 408€; Cost of medicinal products increased from 1,105€ to 2,283€; Cost of medical non physician health professionals increased from 380€ to 534€. It should be noted that the mean cost related to the index MI hospitalization was €5,876 . The evolution of the costs from a community perspective was similar. **CONCLUSIONS:** The economic impact of recurrent cardiovascular events is substantial since healthcare consumption costs almost tripled after the index MI event

PCV73

HEALTHCARE COSTS ASSOCIATED WITH NON-VALVULAR ATRIAL FIBRILLATION IN ITALY

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OBJECTIVES: To determine the direct healthcare costs associated with non-valvular atrial fibrillation (NVAF). **METHODS:** A population-based cohort study was conducted using administrative data from a local health authority in the Campania Region (~1,000,000 inhabitants). NVAF was defined as one or more claims for atrial fibrillation (ICD-9-CM code 427.31) between January 1, 2005 and June 30, 2014, where none of the claims was associated with cardioversion or cardiac ablation and there was no evidence of valve-related diagnoses or procedures. All patients were followed from June 30, 2014 until death or end of study follow-up (December 31, 2014). The direct costs were reported as average annualized cost (per patient per month multiplied by 12). Costs were divided into hospitalizations, outpatient services and pharmacy claims. Generalised linear mixed models under gamma distribution were used to identify predictors of cumulative healthcare costs. Rate Ratios (RRs) and 95% confidence intervals (CIs) were adjusted for age, gender, incident patients, switcher, CHA2DS2-VASc and HAS-BLED clinical risk score. **RESULTS:** Totally, 10,099 patients fulfilled our study criterions. The total annualized direct cost of NVAF patient was 1,627.9 euro ±1,076.6. The main cost component was the hospitalization (68.0%), followed by drug use (24.6%) and outpatient services (7.4%). The predictors of the total cost were male (RR: 1.37, CI: 1.29-1.45 versus female), incident (RR: 4.60, CI: 4.30-4.92 versus prevalent patient), switcher (RR: 1.88, CI: 1.72-2.06 versus no switcher), CHA2DS2-VASc score (RR: 6.34, CI:5.08-7.92 for score 7 versus score 0) and HAS-BLED (RR: 1.36, CI:1.25-1.48 for score >3 versus score ≤3). **CONCLUSIONS:** NVAF places an enormous burden on health care system. Hospitalization as major cost driver highlights the potential cost-effectiveness of disease management targeted at reducing risks of serious cerebrovascular events among NVAF patients.

PCV74

COST OF ILLNESS IN AORTIC STENOSIS PATIENTS

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OBJECTIVES: The innovative technologies for aortic stenosis (AS) treatment require in-depth analysis of the costs associated with disease and comorbidities. To quantify health care resources consumed by AS patients' treatment (drugs, diagnostic tests, hospital outpatient and inpatient) and estimate the total direct costs. **METHODS:** We conducted a retrospective observational cohort analysis using data from administrative databases of Local Health Authority of Milan in Italy. The study population included all subjects hospitalized with principal or secondary AS diagnosis between January 1, 2007 and December 31, 2011 (enrollment period). All subjects were observed for two years after the first hospitalization (index hospitalization). Patient characterization was related to the two years before index hospitalization (characterization period). Data related to hospitalizations, drugs and hospital outpatient during both periods were collected for each patient to quantify the resources consumption. The hospitalization costs were estimated using DRG tariffs and hospital outpatient costs with regional tariffs. The drugs consumption was evaluated through the tear-off tab prices. **RESULTS:** 919 patients were included (mean age 71.3 ± 11.6; 51% males). The mean cost of illness per patient is € 16,271 and € 13,916, in the characterization and observation period respectively. Of all treated patients, 323 (35 %) underwent surgical procedure. The mean cost of illness for these patients is € 28,365 and € 8,002, in the characterization and observation period respectively. Considering only costs related to cardiovascular disease, the mean cost per patient is € 3,470 and € 2,272 in the characterization and observation period respectively. **CONCLUSIONS:** The cost of illness in AS patients is lower in the period after admission, especially when patients underwent cardiac valve treatment.

PCV75

TRENDS IN EMERGENCY ROOM VISITS DUE TO HYPERKALEMIA IN THE UNITED STATES

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OBJECTIVES: Hyperkalemia is a metabolic abnormality seen frequently in the Emergency Department. The most common condition leading to hyperkalemia is missed dialysis in a patient with end stage renal disease (ESRD), but many other conditions can predispose an individual to hyperkalemia, such as acute renal failure, extensive burns, trauma, or severe rhabdomyolysis or severe acidosis. The objective of this study was to assess the resource burden on United States emergency room departments due to hyperkalemia. **METHODS:** The number of emergency room (ED/ ER) visits due to hyperkalemia, with International Classification of Diseases (ICD-9) code 276.7, were estimated using the Centers for Medicare & Medicaid Services (CMS) Agency for Healthcare Research and Quality (AHRQ) 2011 data for ED visits. A review of recent publications on hyperkalemia management was also conducted using the databases Pubmed, Embase, Biosis, Google Scholar and Cochrane. **RESULTS:** The annual number of ED visits with Hyperkalemia as one of the diagnoses is estimated to be 814,181 (SE 23,526). The annual number of ED visits with Hyperkalemia as the first listed diagnosis is estimated to be 66,989 (SE 2284. Among the age groups 18-44, 45-64, 65-84, 85+ the majority of ED visits were in the 45-64 (36.04%) and 65-84 (39.44%) groups (hyperkalemia as the first listed diagnosis). Among the five payer types, Medicare, Medicaid, Private insurance, Uninsured and Other, the majority of patients belonged to Medicare (68.41%). The trend was similar for patients with Hyperkalemia as one of the diagnosis or first diagnosis. **CONCLUSIONS:** This analysis confirms previous findings that hyperkalemia is common in the emergency department. There is a need for quick, safe and effective treatments for hyperkalemia, which can be easily administered in emergency department setting.

PCV76

ECONOMIC BURDEN IN DIRECT COSTS OF OBESITY AND OVERWEIGHT IN RUSSIA

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OBJECTIVES: The high prevalence of obesity and overweight leads to frequent use of health care resources. Studies aimed at assessment of damages caused by this medico-social problem are seen as very important at last years. The main aim of this study was to assess burden of obesity and overweight in Russia taking as an example three main social diseases: stroke, heart attack, and diabetes mellitus. **METHODS:** Available evidence on assessment of costs of management and treatment of obese and overweight patients and its relation to the disorders selected were analyzed. To measure costs of obesity and overweight for the state budget were used "cost of illness" analysis with consideration of risks of stroke, heart attack, and diabetes mellitus in the population (G. Oster et al, 2000). Taking into account specific features of cost assessment and based on publically available data were developed